

Form CPF 18A: Report of Independent Expenditure Promoting Election or Defeat of Candidate(s)

Office of Campaign and Political Finance

Commonwealth of Massachusetts			
Office of Campaign and Political Finance One Ashburton Place Boston, MA 02108 (617) 727-8352.		b o	e es
1. Date of Report:	November 6, 2006		
1. Date of Report.	(Must be filed within 7 business days of expend	diture(s) in excess of \$100.00 in	aggregate)
2. Expenditure(s) Made By	: Massachusetts Nurses Ass	ociation	
	(Name of individual or group making	(expenditure)	
	340 Turnpike St.	Canton	02021
	Street Address	City/Town	Zip
3. Name of Candidate(s) Fo	or Whom the Above Expenditure(s) Election	or Defeat Promoted:	Senate
9	JAVILS HYVICE	1 / Circle	

4. Expenditure(s):	7		

Date Paid	To Whom Paid	Addres	
	11/1/06	Saltus Press	24 Jolma Rd

Date Paid	To Whom Paid	Address	Purpose	Amount 67	
11/1/06	Saltus Press	24 Jolma Rd. Worc. 01604	Mailing	.626.62	
11/3/06	Saltus Press	24 Jolma Rd.	Mailing	465.06	
11/3/00	Darrus Tress	Worc. 01604		131.25	
11/4/06	Stones Phones	121 S. Palm Canyon		101.10	

Palm Springs CA 92262 I hereby certify the expenditures noted are independent expenditures, as defined by M.G.L. c.55, section 18A:

(1) the individual(s) or group who made the expenditure(s) described herein did not solicit or receive any contributions in contemplation of such expenditure(s); and

(2) the individual(s) or group who made the expenditure(s) described herein did not cooperate, consult or act in concert with or at the request or suggestion of any candidate, or political committee organized on behalf of any candidate, or any agent of a candidate or any political committee in making such expenditure(s).

I further certify that all statements made herein are true and accurate.

Signed under the penaltic	es of perj	ury:			
Carpo rad ander	UN		5	do	
Signature				Date	

Katrina Anderson Director, Legislation and Government Affairs

Print Name of Individual Signer and Title (if signing on behalf of a group)